

01/31/02



02-05-02

Please type a plus sign (+) inside this box ☒

PTO/SB/16 (12-97)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid  
OMB control number.**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

00-191A

First Inventor or Application Identifier

Wrenn P. Holman

Title

Modular Monolithic Bulkhead Panel

Express Mail Label No.

EL 828179371US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 10]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed Sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35U.S.C. 113) [Total Sheets 5]
4. ☒ Oath or Declaration [Total Sheets . . .]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))

for continuation/divisional with Box 17 completed)

☐ DELETION OF INVENTOR(S)Signed statement attached deleting inventor(s) named in the  
prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

\*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A  
SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR  
APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

**ADDRESS TO**Assistant Commissioner for  
Patents  
Box Patent Application  
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (Identical to computer copy)
  - c. ☐ Statement Verify identify of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \*Small Entity ☐ Statement filed in prior  
application Status still proper and desired  
(PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign  
priority is claimed)
15. ☒ Other: Copy of unsigned  
Declaration

**16. If a CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_ \_ / \_ \_

Prior application information:

Examiner

Group/Art Unit

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying application continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

026471

or ☒ Correspondence address below

(Insert Customer No. or Attach barcode label here)

Name

Conrad O. Gardner

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State

Washington

Zip

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Country

USA

Telephone

206-655-5510

Fax

206- 655-5076

Name (Print/Type)

Conrad O. Gardner

Registration No (Attorney/Agent)

22,462

Signature

Date

Jan. 31, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

J1050 U.S. PTO  
10/066163  
01/31/02

769062

Please type a plus sign (+) inside this box ☒

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 5px 0;">Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 2000.</p> <p style="margin: 5px 0;">Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p> <p style="margin: 5px 0;">See 37 C.F.R. §§ 1.27 and 1.28.</p>				<h3 style="margin: 0;">Complete if Known</h3> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td style="width: 50%;"></td></tr> <tr><td>Filing Date</td><td>Concurrently Herewith</td></tr> <tr><td>First Named Inventor</td><td>Wrenn P. Holman</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No</td><td>00-191A</td></tr> </table>				Application Number		Filing Date	Concurrently Herewith	First Named Inventor	Wrenn P. Holman	Examiner Name		Group / Art Unit		Attorney Docket No	00-191A																																																																																																																																																																																																																								
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<h4 style="margin: 0;">METHOD OF PAYMENT (check one)</h4> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number <b>02-2960</b></p> <p><input checked="" type="checkbox"/> Charge Any additional Fee Required Under 37 C.F.R. §§ 1.1 and 1.17     <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. §§ 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment enclosed:  <input type="checkbox"/> Check   <input type="checkbox"/> Money order   <input type="checkbox"/> Other</p>			<h4 style="margin: 0;">FEE CALCULATION (continued)</h4>																																																																																																																																																																																																																																								
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